THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

42302

FILED DEC 13 1957

STATE FILE NUMBER 11716

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St Louis — Inside Limits Yes ☐ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Homer G. Phillips — Length of stay in 1b: 27

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missour COUNTY /
c. CITY OR TOWN St. Louis — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) 2324 Cole — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First JAMES Middle Mc Last INTosh

4. DATE OF DEATH: Month 12 Day 4 Year 57

5. SEX: M — 6. COLOR OR RACE: C — 7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐ — 8. DATE OF BIRTH: July 15 1903 — 9. AGE (In years last birthday): 54 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LABORER — 10b. KIND OF BUSINESS OR INDUSTRY — 11. BIRTHPLACE (City and state or country): Miss, — 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: LOVE McINTosh — 14. MOTHER'S MAIDEN NAME: ARMENTA GLADNEY

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service) — 16. SOCIAL SECURITY NO. — 17. INFORMANT: Waltenine Baldwin Address 2328A Cole St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Brain Abscess (Traumatic); suffered in altercation with one Ashby Turner, in the vicinity of Jefferson and Cole St., abowut 9:50 A.M., June 22nd, 1957.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c): EXCUSABLE HOMICIDE

INTERVAL BETWEEN ONSET AND DEATH:

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19. WAS AUTOPSY PERFORMED? YES ☑ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ExX — 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.): See Above E983x

20c. TIME OF INJURY: Hour 9:50 a. m. XX — Month, Day, Year 6-22-57 — St. Louis, Mo.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ — 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): On Street — 20f. CITY, TOWN, OR LOCATION COUNTY STATE: St. Louis, Mo.

21. I attended the deceased from ____ to ____ and last saw her/him alive on ____. Death occurred at 2:40 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Deputy Coroner — 22b. ADDRESS: 1300 Clark — 22c. DATE SIGNED: 12/6/57

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal — 23b. DATE: 12-9-1957 — 23c. NAME OF CEMETERY OR CREMATORY: Greenwood Cemetery — 23d. LOCATION (City, town, or county) (State): St.Louis Co.,Mo.

24. FUNERAL DIRECTOR: A.E. Walton — ADDRESS: 2707 Stoddard — 25. DATE RECD. BY LOCAL REG.: DEC 6 '57 — 26. REGISTRAR'S SIGNATURE: J. Earl Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

S.P.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related., Coroner cannot certify to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed W. Claude Gordon

Licensed Embalmer No 348

P. O. Address 457 Aldi

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.